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# FLORIDA DENTAL JOURNAL

THE OFFICIAL ORGAN OF THE FLORIDA STATE DENTAL SOCIETY


CATALOGUED JUL 7 1939

MARCH, 1934—VOL. V—No. 3 Issued Monthly—$2.00 Per Year

## SECRETARY'S LETTER

The paid membership to date is as follows:

| District | Old Members | New Members |
|---|---|---|
| West Coast District | 71 | 11 |
| East Coast District | 19 | 7 |
| Central District | 19 | 3 |
| Northeast District | 18 | |
| Northwest District | none reported | |
| Total paid members to date | 127 | 21 |

This is not a good report as at this time of year we should have at least 150 more members paid up and we only have from now to March to make a showing in the A. D. A. membership contest. May we urge each member to send his dues immediately to his District secretary and may we also urge the officers of the State and District Societies, to work vigorously in their respective communities and get our paid membership up to where it belongs.

Ros.

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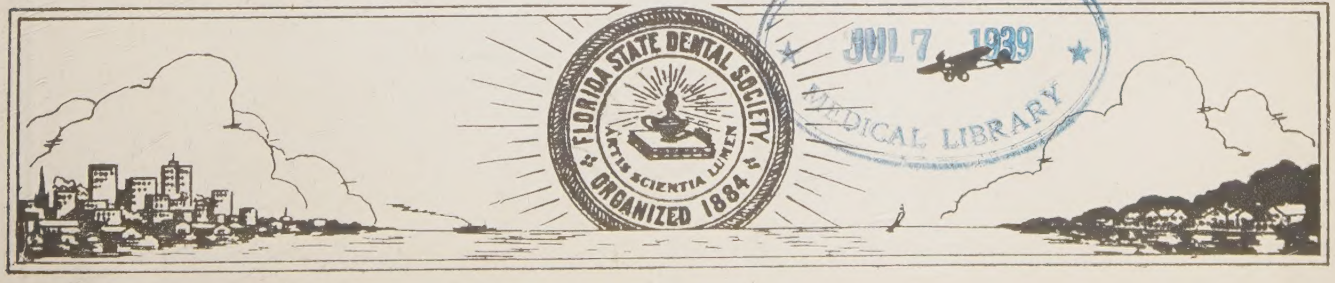

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# The Education Of Patients To Better Dentistry

Read Before Florida State Dental
Society, Ocala, October 26, 1933
Dr. G. W. Schalbe, Gainesville, Fla.

When the chairman of your programme committee informed me that I had been selected to present a paper before this meeting he left the selection of the subject to me. In selecting a subject, I asked myself this question, "what service do I render my patients from which they derive the most benefit?" The answer was "My amalgam fillings." The amalgam technique that I use, however, has been so ably demonstrated and written up by my good friend Dr. G. B. Tison, with whom I am associated, that I did not feel that I could add anything to this meeting by reading a paper on that subject.

I believe the next most beneficial service that I render my patients is the lesson in dental hygiene that I take time to give them at the chair. This service usually affords no immediate financial return; it takes time and tries the dentist's patience, and in so many cases goes unheeded and is unappreciated. But in spite of these discouraging conditions, I believe the result is well worth the effort. I find a large number of patients do not brush their teeth properly or well enough. They fail to keep down excess accumulations of tartar, they have irritated and tender gums, and they visit the dentist only when there is no question of some dental disturbance.

When a patient presents himself to me for an examination, for instance, or for a "cleaning," or because "this" or "that filling must have come out, Doctor," the first thing I do for this new patient is to make a general survey of his mouth. Among other things I make a mental note of whether he is giving his teeth the proper attention. After that I go ahead and try to give him the service for which he came. If it is for prophylaxis, I scale the teeth; if it is for a filling, I prepare the cavity, and so on. If after the preliminary examination, I find that it will be necessary for my patient to come back for more than one sitting, I do not attempt to lecture him on the care of his teeth during this first visit, but wait until the second or third appointment or until I have established more confidence. After I feel that this patient will take the lecture which I am about to give him in the spirit in which it is given, I pull up my stool, sit in front of him, look him squarely in the eye, and tell him that I want to give him something worth more to him than all the gold or silver that I have in the office. (And especially do I believe this to be true if the patient is a young person.)

It is surprising to know how many persons own but one tooth brush. I advise them to buy and use at least two brushes, one brush after breakfast in the morning and the other before going to bed at night. This method of alternating brushes gives each brush a chance to dry out thoroughly. Different colored handles will help to distinguish the morning brush from the night brush. In nearly all cases I recommend a stiff bristled brush. I recommend first the Dr. Butler's brush, because it has a good shape; it is a good quality brush, and can be purchased at a large number of drug stores. The Pycope' brush is very similar in shape, etc., but I believe the bristles come out easier than they do in the Butler brush. The best inexpensive brush I know of and the one I recommend to those patients who insist on using a cheaper brush is the Masso brush. It retails for 25c and is a good brush at that price. There may be other brushes in the market just as good as these but these brushes suit my purpose very well and seem to do the work.

I use a Cohen's Endo-form model to demonstrate the proper way to brush the teeth. I ask my patient to divide the bristles of the brush lengthwise in his mind and to allow half the bristles to rest on the necks or gingival half of the crowns of the teeth and the other half of the bristles to rest on the gums at an angle of about 45 degrees with the gum. Then with a slight rotary motion attempt to work the bristles in between the teeth with sufficient pressure to blanch the gums. Any of the above mentioned brushes will not brush over two or three teeth at a time. I advise counting to ten then moving up to the next two or three teeth and count to ten, and so on around the entire dental arch both labially and lingually. I also caution my patients to thoroughly brush the occlusial surface of the teeth. I do not expect my patients to do anything I would not do myself and therefore I advise them that brushing the teeth in this manner twice a day is sufficient. Brushing after each meal would be better but twice a day is enough. The most important time, however, is before retiring.

Care should be taken not to start brushing the teeth in the same place each time. For instance, I caution my patient against starting the brushing on the labial surfaces of the upper anterior teeth each time. Few persons who brush their teeth at all fail to brush this surface. I believe a more thorough brushing will be done if the patient starts brushing the lingual surfaces of either the upper or lower posterior teeth and then around. Enough time must be taken to thoroughly brush all the teeth. I tell the ladies that they should spend as much time brushing their teeth as they do fixing their faces, and I tell the men to spend as much time brushing their teeth as they do shaving.

Now we have brushed the exposed surfaces of the teeth and parts of the gum and so far nothing has been done about the space between the teeth. Wide or abnormal spaces between the teeth, pyorrhea pockets, spaces between the pontics and under some bridges, and most spaces inaccessible to a tooth brush can be reached and cleaned out with a round tooth pick. I ask my patients to carry these tooth picks in a pocket or hand bag and at their convenience to work them into these spaces several times during the day. Not all patients need to use round tooth picks.

For soreness following heavy scaling or soreness from toothbrush irritation, I recommmend a hot salt water mouth wash—about a teaspoonful of salt in a glass of water several times a day. If a patient asks me whether it is all right to use this or that patented mouth wash, I tell him that if it will help him to brush his teeth, then he better use it; otherwise, I believe the use of most patented mouth washes is superfluous. I believe Sodium Perborate dissolved in

water is an excellent mouth wash as well as a good tooth powder when used in a dry state.

Nearly every patient asks me which is the best tooth paste to use. My answer usually is; anyone that you will really use, but I usually modify this statement by cautioning them against the use of tooth paste containing too heavy abrasives or medicaments that might be injurious to the soft issues of the mouth. I usually present my patient with a sample tube of Detoxal and ST 37 tooth paste. I ask them to use both of these sample tubes and after a fair trial to select one or the other for their future use whichever they prefer. I recommend these pastes because I believe in them. I haven't the time or the inclination to investigate all of the tooth pastes on the market, but when a patient asks me for a good tooth paste, I feel the necessity of being definite. No doubt there are many other products just as beneficial as these, but I have not familiarized myself with them. If a patient is using another brand of tooth paste and seems to be getting satisfactory results, I do not try to persuade him to change. **I try to impress my patient with the fact that the brushing and not the tooth paste is the most important part in keeping the mouth clean.** To those patients who prefer a powder instead of paste, I recommend Pycope tooth powder for the same reason. This is about all I have to say to the patient at this time in regard to the cleaning of his teeth. I ask him to brush his teeth in the manner in which I have prescribed for just one week or even four or five days. At the end of this time if he has regular appointments for other work, I check upon the condition of his teeth and gums. If he has no appointments for other work, I give him an appointment for the specific purpose of seeing what progress he has made in the care of his mouth. If I note an improvement in the condition of his teeth and gums, I do not fail to mention it to him and compliment him on his cooperation. If there is no improvement in tthe condition of his mouth, I feel quite certain he has not followed my instructions and ask him frankly if this is true. Invariably I find where there is no improvement he neglected to do as he was told. I firmly believe that at least ninety percent of my patients show a decided improvement in the condition of their mouth after one week. When I find a patient is not cooperating with me, I tell him quite frankly that I cannot help him much unless he is willing to help himself. I go over my instructions to him again for fear he misunderstood the first time and he tries it again for another week. If he is not interested in helping himself, I usually do not see him again for the check up appointment, but if he is still coming to me for other work and I find that he is still not cooperating he is either not interested in what I am trying to do for him or my arguments were not convincing enough. I feel that any further persistence on my part might antagonize him and therefore I let the matter drop if not permanently then for the time being at least. I explain to him that I am very glad to do his dental work, but that the responsibility of his mouth hygiene rests with him.

If on the other hand his mouth shows a decided improvement, I know he is interested and trying to help himself. I usually find one or more areas in the mouth that have not been brushed as well as the others. I find this true in almost all parts of the mouth except the labial surface of the upper anteriors. I do not believe I have ever found a case where the pa-


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tient has failed to brush this surface well. Whenever I find an area that needs more thorough brushing, I hand the patient a mirror and point this place out to him. The lingual surface of the lower posterior teeth is usually the most neglected. Whenever I find an area that seems to be getting less brushing than the rest of the mouth, I ask him to start brushing at that point and by so doing he will be sure not only to brush this place but will brush it while the bristles of the brush are fresh and stiff. I also tell him that if he finds an area of tender gums that bleed easily or bleed at all during the brushing process that he has found a weak spot and one that needs more brushing rather than less brushing. If the bleeding perists, I tell him to come bac kto see me because he needs the service of a dentist more serious than back to see me because he needs the patients quite thrilled with the results so far obtained and I try to let them know that I am as happy over the change in the condition of their mouth as they are and I actually believe some of my patients brush their teeth for my sake rather than their own.

To stimulate interest with the children I have supplied myself with a lot of Colgate Junior Kits. Whenever I find a youngster not brushing his or her teeth very well, I supply them with one of these kits and many times they have the desired effect. These kits are quite inexpensive. They cost a dime but go a long way toward creating good will.

After my patient is cleaning his teeth to suit me I try to impress him of the importance of regular checkups. It is assumed that the other necessary dental work has been completed and that the teeth are in good repair. I do not believe that checkups twice a year are most advisable in every case. I have some patients who because of deep pockets and other irregularities need to have their teeth cleaned every three or four months. Then there are others who get along very nicely for eight or ten months or even a year. I believe in giving the patient the benefit of the doubt and I do not call them for checkup any oftener than I think is necessary. I find that most of my patients require a checkup every six months. I have been inclined to be a little timid about calling patients up for re-examinations and I think that that has been a mistake. I believe more and more that the patients thoroughly appreciate this added service. I used to send a card to remind my patients that it was time to report for an examination, but I have since discarded that method and use the telephone whenever possible.

As I said before, it is hard to place a definite fee upon this particular service. It takes time and sometimes becomes quite tiresome. A busy dentist seems to have so many other duties to perform that many times this phase of dentistry is neglected. I might have missed a few dollars in the last few years while I was talking for better dental hygiene, but like a few other dollars they probably would be gone too and I would be no richer financially. It gives me a lot of pleasure and satisfaction, however, to look back and see a long line of patients brushing their teeth better than they did before they came to me. Educating a patient to better dental hygiene appeals more to the profes-


## THE NRA CODE FOR THE DENTAL LABORATORIES HAS BEEN SIGNED

**We have been operating under general NRA Code almost from the beginning. There are certain features of the code that you should know. They are:**

1—Hours of labor are strictly enforced. (Do not ask your laboratory to exceed these hours.)

2.—All laboratories must file price list and adhere to them (no more and no less). The code authority has the right to raise or lower prices, based on cost plus a profit and no laboratory may quote a price below.

3.—The Code covers one man laboratories up.

4.—No technician regularly employed by a dentist may work for any other dentist without coming under the Code regulations.

**Copies of the Code will be mailed on request. The whole purpose of NRA is to increase employment and provide greater purchasing power. The NRA is looking to business and industry to provide employment. We have pledged our support. May we have yours?**

**We will steadfastly maintain the prescribed hours and take on technicians as increased work makes possible.**

**We have maintained our entire personnel intact throughout the depression.**

**It was necessary to make but slight change in our regular prices to submit to the Code authority.**

**On the basis of quality work, reasonable prices and full 100% cooperation with Franklin Delano Roosevelt, in his NRA program, we solicit your patronage.**

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sional side of dentistry than it does to the commercial side.

My practice is not a large one and I have plenty of time to go through these instructions, and even when I am rushed, I've gotten into the habit. But we've all got more time now and I think this is a good way to spend a little more time.

## SCALERS POCKET

The F. D. H. Society of Miami, held their regular monthly meeting, in the Club rooms of the Huntington bldg.

On February the ninth, an everybody's birthday party was given, at the home of Mrs. G. Close as hostess, and Evelyn Wisheart and Minnette Brain. Amusing games were played, cellophane favors with initialed pins were presented to each of the guests. The absent ones were missed and those present were: Jewel Whiddon, Lucille Gohman, Iva Hillyer, Gladys Mather, Mary Butterfield, Edythe Carrell.

Jacksonville D. H. Societ. We were very glad to hear from you thru the "Scaler Pocket."

### DIET AND DENTAL HEALTH
By Milton T. Hanks

**Book Review By Ellen Wakefield**

Diet and Dental Health by Milton T. Hanks, published October, 1933, by the University of Chicago Press, is one of the most interesting recent books concerning nutritional problems and has been written to present the matter clearly to scientists, dentists and physicians.

Most of the book is devoted to descriptions of experiences of patients with dental diseases, including a three year study of four hundred and forty children at the Mooshart Home for children, located at Mooshart, Illinois, which is sponsored by the Loyal Order of Moose.

Adequate and inadequate diets are tested and the value of orange and lemon juice in the control of dental caries and diseases of the gums as well as a stimulus in body-growth.

## THE JOURNAL OF PERIODONTOLOGY

This journal is published by the American Academy of Periodontology as an independent medium of expression to stimulate interest in periodontia and to record the development of this important phase of dental practice.

"The Journal of Periodontology is published to serve as the professional journal of periodontia; to keep dentists in touch with research in this and related fields; to stimulate greater interest in the supporting tissues of the teeth and their relation to the general health. It contains original papers of scientific interest, the proceedings of the American Academy of Periodontology, and abstracts of current dental literature relating to periodontia. The abstracts alone make the Journal a permanent fund of information readily available to teachers, researchers, clinicians, and students." J. of D. Res. XII (2), 1932.

There are copies of the January 1931-'32-'33 and July 1931 32-'33 issues to be had at $1 each. The January number, 1931 contains Bibliography of Periodontia, 500 B. C. to 1931 A. D. and 189 abstracts of Current Literature, 1927, 28, 29, on Histopathology, Bacteriology and other Laboratory Researches. The July 1931 number contains original papers and 209 abstracts on Clinical Etiology Symptomatology and Diagnosis. January, 1933 issue contains proceedings of annual meeting of American Academy of Periodontology. The July issue, 1931 and 1932 periodontal abstracts complete and indexed. This issue of especial value to libraries.

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## WORTH READING

Your Dental Science and Literature Committee take pleasure in recommending that you read the following interesting and instructive articles that have appeared in dental literature during the past month:

S u p purative Periodontoclasia—A case with special Scientific Interest, by Isador Hirschfeld, D. D. S. Dental Cosmos, Feb. 1934.

The Problem of the Loosened Tooth by Lester R. Cahn, D. D. S., Dental Cosmos, Feb. 1934.

Medicinal Aids in General Dentistry, by J. Lewis Blass, Ph. G., D. D. S. Dental Cosmos, Feb. 1934.

General Exodontia Procedure, by Frank W. Rounds, D. D. S., F. A. C. D. The A. D. A. Journal for Feb. 1934

The Behavior of Silicious Cements, by K. W. Ray, Ph. D. A. D. A. Journal for Feb. 1934.

Cleft Lip and Palate Surgery, by A. L. Frew, D. D. S., F. A. C. D. A. D. A. Journal for Feb 1934.

Periodontoclasia: Etiology and Treatment, by Arthur H. Merritt, D. D. S., F. A. C. D. A. D. A. Journal for Feb. 1934.

Diet and Dental Caries, by Robert G. Kesel, D. D. S., M. S.

Dental Digest, January, 1934.

The Callhan Method of Root Filling, Harry B. Johnston, D. D. S. Dental Survey, Feb. 1934.

## YOUR LIBRARY

Your State Society has a circulating library with a number of late text books for your use. A list of same appeared in last month's Journal. This is the season of the year when a lot of us like to stay at home in the evenings and read, so why not use your library? Your librarian is willing and anxious to serve you.

A. M. Smith, Jr., Librarian.

## REGISTRATION

### FLORIDA STATE BOARD OF DENTAL EXAMINERS

Post office authorities caution the public against sending money through the mail. Be safe and buy a money order at a cost of a few cents. On receipt of post office money order for three dollars, your 1934 registration certificate will be promptly mailed to you. Delays may be expensive.

R. P. Taylor, Sec'y-Treas.

414 St. James Building, Jacksonville Fla.

## POST GRADUATE WORK

The schedule for the Post-Graduate work has not yet been completed. However, the committee is in communication with several men of national reputation and expect to hold the course along the same lines as last year. The committee is endeavoring to obtain men who will give the

members of the Florida State Dental Society practical work which will help them in their daily practice.

A two weeks grind such as our post-graduate course requires is not acceptable to all clinicians and we hope the members appreciate the sacrifice and effort which is required of the clinicians.

We would like to see the course grow each year, both in instruction and attendance, but we realize that it will be hard to improve on Dr. Hart and cannot expect a much better attendance.

The course will be held the latter part of May or during the first two weeks of June.

We hope to have some more definite information next month.

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**The Bureau of Public Relations of the American Dental Association Announces a New Booklet on "The Care of Children's Teeth"**

Every member of the Florida State Dental Society will be glad to learn that a new booklet on "The Care of Children's Teeth" is being distributed by The Bureau of Public Relations, American Dental Association, 212 East Superior Street, Chicago, Illinois. This booklet is thirty-two pages in length, it is written in lay language, and it is graphically illustrated with eighty photographs of actual cases and models. It is the most up-to-date and authenic book of its kind ever published. Furthermore, it has the distinction of being the first publication issued by organized dentistry to bear the approval of both the American Dental Association and the United States Public Health Service.

Dentists will find it indispensable in their private practices. In fact, they will probably want to give one to the parents of every child patient. Hygienists, nurses, school principals, and others interested in health work will find it an excellent text and reference book.

A brief description of this new booklet, its table of contents, and a few of its illustrations, appears in the December issue of The Journal of the American Dental Association. An editorial concerning it also appears in the same issue. Copies will be supplied by the Bureau of Public Relations at cost of printing and mailing. Single copies sell for 10c, 12 copies, $1.00, 50 copies, $4.00, 100 copies, $7.50, 500 copies, $25.00.

Read the editorial and announcement in your December Journal and address your request to the Bureau of Public Relations, American Dental Association, 212 East Superior Street, Chicago, Illinois.

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**All Quiet Amidships**

"I'm planning to travel one one of those stabilized steamships."

"It will cost you more."

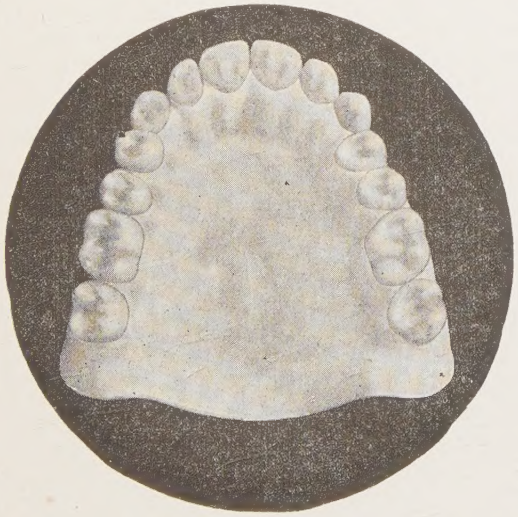
"Maybe, but expenses aren't what I have to keep down on my sea trips."—Boston Transcript.

---

"Mother," said a little boy after coming from a walk, "I've seen a man who makes horses."

"Are you sure?" asked his mother.

"Yes," he replied. "He had a horse nearly finished when I saw him; he was just nailing on his back feet."—Vancouver Province.

Considerable interest is being shown by leading dentists in the new denture materials, Revosin and Luxene. Thousands of cases have been built, and thousands of patients are pleased with dentures made with these two materials.

After careful study of both of these materials, after complete instructions in their use, we are ready to supply you with the most satisfactory Resovin and Luxene restorations that can be made.

The natural color of the materials leaves nothing to be desired. They are both non-porous and therefore non-warping. Perfect fit can be secured with either, and perfect results obtained. We recommend both and will look with equal fervor upon your choice and specification.

Whatever your choice and specification you can rely on The Ray-Lyon Company.

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# THE FLORIDA DENTAL JOURNAL

Published monthly by the Florida State Dental Society.

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MARCH, 1934

### "We Must Go Forward"

President Roosevelt said "we dare not go back, we cannot stand still, so we must go on forward." Which way are you pulling for dentistry in Florida.

Early reports of the membership drive do not look so encouraging, many of you should have signed up and paid your dues by now, more than this report shows. You say that you still have till the last of March before dues become delinquent, so you have, but dues paid after March 31 may mean that you will miss one or more issues of the A. D. A. Journal, which in itself is worth the price of your dues.

Changes are going on all about us and our profession of dentistry is no exception to this rule. We must have a constructive organization for self preservation. We must go forward together. Membership is most important, without it we will have to go back.

"We cannot stand still," which way are you pulling? Do you think of any other way you can help the cause of dentistry better than through co-operation with other dentists in their organization, the Dental Societies?

What has unorganized dentistry ever done for advancement? They have enjoyed many of the benefits obtained by organized dentistry, but whoever heard of an unorganized group doing anything worth while.

Do you believe "we must go on forward"?

PAY UP NOW.

### Insurance

Elsewhere in this Journal you will find an article on Health and Accident insurance by Dr. R. L. Girardot of Detroit. We are reprinting this because we feel that every dentist in the state should have the information it contains.

We believe thoroughly in all kinds of insurance but maybe you are not as well protected as you have an idea you are. Better read this article and check up on the wording of your policy to be certain that it reads as you would like to have it.

### Driving Patients Away

A customer who pays his bills promptly is usually a satisfied customer. He continues to give his business to the same merchant month after month and year after year without interruption. As soon as the bill is allowed to run for an unreasonable length of time, not only does the payment of his account become doubtful but he ceases to be a customer as well. Business men have been thoroughly aware of this fact for a long time.

Doctors would profit materially if, like the merchants, they emphasized the prompt payment of their accounts. People pay promptly those accounts which they know cannot be put off and defer those for which a definite time limit for payment has not been set. Doctors' bills are too often included in the latter group and they therefore remain unpaid for months and years.

The net results of allowing bills to remain unpaid for long periods of time is that it drives patients away and encourages those who are not so scrupulous about meeting their obligations to receive treatment from one "soft" doctor after another.

—Excerpt from Wayne County Medical Bulletin in the Detroit Dental Bulletin.

Have You Paid Your 1934 Dues?

### Gleanings From The National Convention

"The control of dental health education must rest in the hands of the dental profession."—George H. Wandell.

"Focal infection is no longer a theory but a principle of dental and medical practice. The solution of the pulpless tooth question is that of prevention. In other words, prevent the pulpless tooth."—Hatton.

"The prevention of malocclusion is within the province of general practice. Eighty-one per cent of malocclusion cases are within the controllable group."—O. W. Brandhost.

"Personal adornment and freedom of pain were the objectives of dentistry of the past generations. Modern dentistry is a health service holding up as its chief objective prevention of dental diseases."—Haggart.

"Don't be a one tooth dentist. Most operations are performed ten years too late."—Simpson.

"It is only through the medium of research that prevention of dental disease will be accomplished."—C. N. Johnson.

"To the periodontist the problem of infection in the mouth has simply become one of getting rid of places harboring bacteria in the mouth. When this has been accomplished and the patient taught how to maintain the result, there need be no further fear of infection."—J. R. Walsh.

—In New Jersey State Dental Journal.

### Charity

Charity is not a franchise; it is only a favor . . . properly offered to the really helpless. . . It may impose upon the benefactor something that he chooses to regard as a duty, but it certainly gives no vested right to the beneficiary.—H. L. Mencken, in American Mercury.

As a man grows older he reads more of the book of Experience and less of the book of Prophecy. He thinks more about the worth of folks and less about their collateral. He boasts less, boosts more. He hurries less and usually accomplishes more.

He observes that snobbery is a confession of inferiority and kindly politeness the trade mark of the only aristocracy worth mentioning. And he comes to know that the best trophy any man can win is the love and understanding of those who need him.
—Excerpt.in The Detroit Dental Jour.

## MEMBERSHIP COMMITTEE MEETING

The following is the report of the membership committee meeting held in Orlando, last Sunday. Those present were, Drs. Edward L. Thompson, P. C. Harrell, G. A. Earnhardt, L. T. Daniels, A. B. Whitman, J. E. Chace, A. M. Smith Jr., Lloyd N. Harlow, Roscoe D. Cummins, and Major Denham, retired U. S. A. D .C.

President Thompson presided and called for suggestions that would increase our membership and assist in collecting dues, as the secretary reported that dues were coming in very slowly. After much discussion, it was decided to ask the president and secretary and member of the membership committee of each District to go through their Districts and make personal calls upon those who have not paid their dues, to invite eligible men into membership.

## RESOLUTIONS PASSED BY A. D. A.

Three of the most important resolutions adopted by the A. D. A. at the recent Chicago meeting follow:

"The American Dental Association formally requests the American Hospital Association, the American Medical Association, the American College of Surgeons, and whatever bodies set the ratings for hospitals to make such changes in their regulations for granting a Grade A rating so as to definitely stipulate that all dentists on staff or clinics of the hospital must hold membership in the American Dental Association."

"The American Dental Association, in the interest of public health, records its disapproval of radio broadcasting by individual dentists, dental corporations, or groups of dentists—unless approved by the American Dental Association, the U. S. Public Health Service, State or local health offices or local boards of dental examiners and that the Federal Radio Commission be so advised."

## WHAT PRICE HUSBAND?

A farmer, while attempting to save a prize hog which he had insured for $10,000 from being run over by a train, lost his life. The pig also was killed.

The widow received $10,000 for the hog, but nothing for her husband.


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# What Florida Dentists Are Doing

## EAST COAST DISTRICT

On the evening of January 22 the dentists from north and south of West Palm Beach gathered at the Dixie Court Hotel at a banquet in honor of Dr. Horner of Pittsburgh and Dr. Supplee of New York, who are vacationing in our section. Dr. Supplee is strictly on vacation so left the lecturing to Dr. Harry Horner.

His subject was "Educating the Denture Patient" and was in the form of an illustrated lecture with slides. Dr. Horner is a firm believer in visual dentistry, both for the patient and dentist, and the many practical helps he showed will save us steps, words, hours and dollars.

One of those "blessed" events", took place on January 29 when the stork dropt a bouncing baby boy at the Fleming J. Hanley home. They have called him Fleming J. Jr. Mother and Junior are getting along very well but it will be some time before Dr. Hanley gets back to normal.

Dr. and Mrs. Joseph Heard, Cocoanut Grove, Miami, announce the birth of a baby boy, University Hospital, Coral Gables, Feb. 6th, 1934.

On February 7th a meeting of the Dental Staff of the Jackson Memorial Hospital was held in the staff meeting room of the hospital at 7:45 P. M. The meeting was called to order by the chief of the Dental Department, Dr. M. Francis Wielage. The progress that had been made was discussed and plans made for the future; and a strong plea made for the dentists to cooperate more than they had in the past.

Plans were made for a full time dental interne and Dr. I. Gordon from Tampa, Fla., has been appointed and is on duty at the present time.

A temporary set of by-laws was adopted by the Dental Staff to function under at the present time.

Dr. R. C. Woodard, Superintendent of Jackson Memorial Hospital addressed the meeting asking for 100 percent cooperation from the dentists, also outlining plans for a six story, one hundred bed addition to the present hospital. If this is done, he assured that the dental department would have sufficient space for its needs and also the number of dental internes needed.

After the meeting refreshments were served and a tour of the new surgery, several wards and the present dental department, was made by those present.

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Our dear friend Dr. George Shields, president of East Coast District Dental Society, and president elect of the Florida State Dental Society, is still confined to his home, due to his recent illness. For this reason, George was not with us at Ocala, but at the present time, the physician's reports on George are somewhat encouraging and we hope to see him at his office soon.

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Dr. M. Francis Wielage will give before the Georgia State Dental Society at its next annual meeting, a paper and clinic on, "Preventative Dental Medicine, the Dentistry of the Immediate Future." He also has been invited and will give before The Partial Denture Section of the American Dental Association, a paper on "The Bio-Chemical Aspect of Partial Denture Construction."

---

Dr. Thos. W. Jones, of Miami, has been invited to clinic before the Georgia State Dental Society, at its next annual meeting, and he will give a simplified technique of opening the bite, which has been worked out by him, using Monson's theory for diagnosis. This will be accompanied by a lantern slide lecture on, "Restoring Mutilated Mouths to Functional Occlusion."

---

The Miami Dental Society held a special meeting, Friday, February 16th at 8 o'clock, Professional Club rooms, Huntington building, Dr. W. G. Sanchez, presiding. We were exceptionally fortunate in having with us, two outstanding men of the dental profession, who are vacationing in Miami. These men have appeared before the National and Inter-national Congress, and they presented their discourses to us in the same form that they were given before the largest dental societies of the world.

Dr. L. W. Doxtater of New York City, gave a lanter slide and lecture on "Fundamental Principles of Denture Construction." He showed 110 slides, ably illustrating each step, explaining construction from start to finish.

Dr. A. C. Hitzelberger of Utica, N. Y. gave a lecture on "Surgical Pyorrhea and Post Operative Treatment." He showed motion pictures of the operative procedure and results obtained.

This was the largest attended meeting of the Miami Dental Society held recently, and all attended benefitted by hearing these two outstanding men.

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We were pleased to have with us L. M. Anderson, for a ten day visit recently. The Miami Dental Society had a special call meeting on the night of January 31st at which time "Louie" gave us a most interesting talk on "New Thoughts on Dental Economics."

## NORTH WEST DISTRICT

Probably the largest crowd to attend a district meeting in the state, attended the winter meeting of the Northwest Florida District Dental Society held at Chattahoochee on February 3rd. This meeting served as a house warming for the new dental infirmary at the Florida State Hospital. The description of this remodelled dental infirmary in the January edition of the State Journal was written by Dr. Douglas whose modesty prevented him from describing the building as it should be.

Probably no institution in the south is so well equipped as this one, which is the realization of plans worked out by Dr. Douglas, after years of study. It is so constructed that all patients receive the benefit of modern dental attention at a lack of cost to the state, as no expense was incurred by the state in this wonderful dental infirmary.

We were honored by a visit from our State President, Eddie Thompson and Secretary Roscoe Cummins, also Past President Andy Sears. All had interesting messages for us and we hope that they will be with us at Panama City in June. We were also fortunate in having as our guests, Dr. J. R. O'Neal, President of the Ga. State Dental Society, together with many other Georgia and Alabama dentists. To all of them, we extend a hearty "Come Again."

After a short business session during which Panama City was selected as the city in which to hold our June meeting, Dr. J. H. Pound, M. D., physician in charge of the Florida State Hospital read a most interesting paper "Focal Infection as a Precipitating Factor in Toxic Psychosis." This was followed by a paper "Exodontia and

Oral Surgery" illustrated with slides and motion pictures, given by Dr. Tom Conner of Atlanta. Following this, Dr. Robert Dement, also of Atlanta gave a clinic "Traumatic Occlusion." The program was received by the entire membership with keen interest and all agreed that it was one of the best programs ever put on by this district.

At the conclusion of the program, all guests were invited to the bachelor quarters of the Hospital where refreshments (liquid only) were served. After this, a banquet was held in the staff dining room of the hospital and the following menu served:

Shrimp Cocktail

| | |
|---|---|
| Celery | Olives |
| Roast Turkey | Giblet Gravy |
| Scalloped Oysters | Potato Chips |
| Cranberry Jelly | Buttered Rolls |

Fruit cake Pudding

Cheese

Coffee

W. C .Thomas, superintendent of the Hospital graciously extended a welcome to all present. Smiling Andy Sears acted as toastmaster and called on everyone present for a word or two. At the conclusion of the banquet, those who cared to, enjoyed dancing at the home of Dr. and Mrs. McKinsey till the wee hours of morning. Everyone present pronounced this meeting a most successful one in every respect.

Much of the success of this meeting was due to the following nurses attached to the dental infirmary. Misses: Vera Williams, Alva Gordy, Florrie Bell Hill, and Pauline Robinson. To each of them individually, the district extends a vote of thanks.

The following members and guests attended the meeting: Dr. G. A. Fellows, Dr. L. T. Fields, Panama City, Fla.; Dr. Andy W. Sears, Dr. E. C. Geiger, H. L. Wooster, Dental Technician, Dr. C. P. Cleveland, Jacksonville, Fla.; Dr. Robert L. Dement, Atlanta, Ga.; Dr. Tom Conner, Atlanta, Ga.; Dr. E. L. Thompson, Daytona Beach, Fla.; Dr. B. V. Dannheisser, Dr. J. E. Brown, Jr., Dr. R. A. Brown, Dr. W. G. McLeod, Pensacola, Fla.; Dr. L. A. McKinsey, Chattahoochee, Fla.; Dr. R. D. Cummins, St. Petersburg, Fla.; Dr. Fred O. Conrad, Dr. W. R. McCollum, Dr. Lawrence Evans, Tallahassee, Fla.; Maj. E. M. Roberts, St. Petersburg, Fla.; Dr. A. F. Douglas, Dr. R. J. Love, Chattahoochee, Fla.; Dr. C. C. Nobles, Dr. P. E. Nobles, Pensacola, Fla.; Rev. Paul Redfern, Chattahoochee, Fla.; Dr. J. A. Bell, Dr. W. H. Coker, Pensacola, Fla.; Dr. Neal Williams, Graceville, Fla.; Dr. W. E. Van Brunt, Tallahassee, Fla.; Dr. H. C. Pierson, Quincy, Fla.; Dr. G. E. Boring, Quincy, Fla.; Dr. Dupree Davis, Dr. R. D. McCarty, Dr. E. N. Passmore, Dr. J. M. Stevens, Dr. H. A. Hicks, Dothan, Ala.; Dr. J. Y. Folsom, Marianna, Fla.; Dr. H. E. Knight, Tallahassee, Fla.; Dr. W. W. Gravely, Thomasville, Ga.; Dr. J. B. Stubbins, Dr. J. M. Pepper, Pensacola, Fla.; J. H. Norris, Mobile, Ala., Dental Supplies; Dr. R. L. McLendon, Dr. H. B. McLendon, Marianna, Fla.; E. C. Perkins, Birmingham, Ala., Dental Supplies; Dr. W. M. Searcy, Sr., Cairo, Ga.; Dr. W. M. Searcy, Jr., Thomasville, Ga.; Dr. J. R. O'Neal, Pelham, Ga.; Miss Elmyra Walker, Quincy, Fla., Hygienist; Miss Alice Cross, Tallahassee, Fla.; J. R. McClellan, Chattahoochee, Fla.; R. F. Wells, Panama City, Fla.

## WEST COAST DISTRICT

On the evening of February 12th, Dr. Frank Adams presented a clinic on Silicates before the Tampa Society of Dental Surgeons. At this time plans were formulated for carrying out the Dental Survey of school children in the Tampa area. Every member of the Society has signified his willingness to co-operate in this undertaking and we feel a great deal of good will be accomplished as a result of this work.

It is our opinion that the recent meeting of the West Coast Society in Tampa was one of the most successful and instructive ever held. The idea of continuous clinics with every man taking part in the program met with the approval of the entire membership and the same general scheme will be carried out at the mid-summer meeting in June.

We are anxious to learn what success the other societies are having in this type of program and wonder if they are as enthused over it as we are. Frank Myers, chairman of the program committee, and the chairmen of the various subjects are to be congratulated upon their good work.

Dr. Sheppherd Foster of Atlanta was a recent visitor in Tampa and his presence at the West Coast meeting brought back old times.

Dr. J. P. Getzen of Lakeland is recuperating after a serious operation.

Dr. C. L. Nance is seriously ill at his home on Bayshore Boulevard.

Dr. C. J. Caraballo has had as his guest for several days, his brother-in-law Dr. Mathew Carney of New York City.

Dr. Claude R. Wood of Knoxville spent two weeks in Tampa and Clearwater recently.

## NORTH EAST DISTRICT

The Northeast District Dental Society held its regular meeting in Jacksonville, January 27th, in the George Washington Hotel.

The meeting was called to order by the president, Dr. C. P. Cleveland, after which a short business session was conducted.

The Society voted unanimously to adopt the amendment to Constitution, as amended by the State Society, with rgard to membership.

Dr. R. C. Geiger's application for membership was received, and unanimously approved. Dr. Geo. Young,


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of St. Augustine, introduced Dr. Geiger, and appointed Dr. A. W. Sears as his God father, for future guidance in the straight and narrow path of the dental profession.

The officers elected for the ensuing year were Dr. Heddick, of Palatka, president, Dr. G. A. Lee, of Live Oak, president elect, Dr. M. D. Smith, Jacksonville, first vice president, Dr. Webb, St. Augustine, secretary and treasurer. Dr. Glynn Phillips, Jacksonville, was elected delegate to the state society.

Dr. A. W. Sears, of Jacksonville, gave a very interesting and well presented clinic on the Stansbury technique of impression taking, demonstrating impressions and casts to show the progressive steps.

The luncheon was dutch style, and the men were arranged at the tables in groups, according to the branches of dentistry that they were interested in, and a round table discusssion was enjoyed by all, until Dr. Harvey was announced as a hero for recovering some valuables, belonging to a young lady, from the treacherous St. Johns River.

The afternoon session was devoted to a paper by Dr. Harry Horner of Pittsburgh, Pa., "The Education of the Denture Patient."

The Jacksonville Dental Society held its regular meeting February 14th. After a short business session, the subject of dental economic was presented by Dr. J. B. Torn, with a plea for a minimum fee for all types of dental service to prevent what is known as the shopper from pitting one dentist against the other.

Dr. Jessie Williams continued the discussion, and stated that the same type of service rendered by different men should command a different fee, and stated that we should take stock of ourselves and see where we are going. Would you be willing to pay the fee that you are charging your patient? Sometimes the value is not really given—when this is the case, are you ashamed to face your patient after presenting a statement for your services?

Dr. D. D. Crews stated that all patients should be classified according to the fee they are able to pay, and it is not playing fair with the patient to insist on a type of work that the patient cannot afford.

Public opinion is the law, and if the dentists continue to raise fees, the public will demand insurance or panel dentistry.

Dr. H. A. Bliss has moved into his new offices in the St. James building.

Dr. Helen Robinson was married to Mr. William Anderson on February 9, 1934. Their many friends, both in the profession and otherwise, wish them much happiness.

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## DO YOU UNDERSTAND THE PROTECTION YOU HAVE PURCHASED IN YOUR HEALTH AND ACCIDENT INSURANCE POLICY?

**Raymond L. Girardot, D. D. S.**
**Detroit, Michigan**

Reprinted from the Journal of the Michigan State Dental Society.

The timely editorial published last month, and the request of Dr. Rickert to elucidate on this subject, touches a problem in which I have been interested for some time. Frequently complaints are heard against the insurance companies and they are accused of much misrepresentation. Many of these complaints are justified as the insurance salemen, either does not understand his own policy, or deliberately misrepresents it. However, it is high time for the professional man to understand these matters and cease to be easy prey to a smooth sales talk.

How many of us have hastily read our policies and impatiently assumed that all the supposed persiflage contained therein was standard form, and meant nothing to us? As a matter of fact, the actual intent of each word, and even the position of a comma, may change a Supreme Court decision. We are willing to spend between seventy-five to one hundred and fifty dollars per year to enjoy a supposed security, which under many conditions does not exist. If we were to analyze the exact wording of the policy, the discovery that we are paying for a great deal less than we think we have purchased, will soon be apparent.

Many smaller claims are paid even up to one hundred dollars, for which according to the wording of the policy the company is not actually liable. These are paid to maintain good will, and in my opinion to prevent a general cancellation by policyholders. If the sheep can be kept docile they can always be shorn when the big claims are presented.

To clarify and illustrate the situation let us study the most important part of any policy, namely the "Insuring Clause," and confine ourselves to accident policies. Now let us group all the policies into two classes. First the large majority which use the expression "bodily injury resulting from Accidental Means," and second, the very small minority, which use terms equivalent to "Accidental Bodily Injury" or "bodily injury from an "Accidental Event."

Let us clearly understand that a bodily injury may result from either "Intention Means" or "Accidental Means." The means in either case produces an injury. If you lift a heavy desk, or voluntarily perform some act that results in an accidental injury, you have been injured by Intentional means, and this is not covered by the policy. A police officer mistaking you for a fugitive may shoot and kill you. This is an intentional act and the indemnity will not be paid. The use of the words "accidental means" has won many Supreme Court decisions for the insurance companies, and obviated the payment of large claims to policy holders who did not analyze their policies.

In an examination of the insuring clause of one hundred and eighty-five policies I have found twenty-six to use the unmodified expression "Accidental Means." Fifty-eight more add further limitations by the additional use of the words "Solely and Directly by Accidental Means." Let us assume that your death was caused by accidental means, but a contributing cause intervened and became responsible in itself for the death. While this secondary cause resulted from the accident, nevertheless, you have no insurance, as the death or disability was not caused Solely and Directly by accidental means.

Thirty-five additional policies still make this more emphatic by adding to the above the words "Independent of All Other Causes."

Thirty-nine other polices use the expression "External, Violent and Accidental means" with and without the additions just above enumerated. Let us consider the effect of the words External and Violent. Suppose you are struck a blow on the chest and develop pneumonia. This is internal. Perhaps you may sneeze and unexpectedly produce an injury to your back or be injured with an enema, etc. Now the term "Violent" means just that. Great physical force must be present, so if you cut or prick your finger, bruise your hand, trip over the cat and wrench your knee joint, the element of "Violence" is not present.

In fairness to the insurance compa-

nies, we must observe that premium for policies which give us a very limited insurance, is considerably less than those written for the purpose of giving us coverage. However, many expensive policies contain these limitations, and it behooves us to understand what we are getting for our money.

Out of the one hundred and eighty-five, only twenty-seven had an acceptable Insuring Clause. Most of these insured for "Accidental bodily injury," two for "Personal injury effected by a purely Accidental Event," three for "Against effects resulting from bodily injury," and three more which were not so good "External, Violent, and an accidental event."

The next important factor is the "Time Limit Clause." This clause or the Total Disability Clause will specify whether the disability must result from the date of the accident, or may begin within a specific number of days after the accident. It also indicates the period after which Specific Indemnities, or the Principal Sum, will not be paid. In this connection it is important to realize that many accidents do not produce a disability immediately. Notwithstanding a special Septic Infection clause, if the disability must qualify on the date of the accident, then this special clause would be of small help.

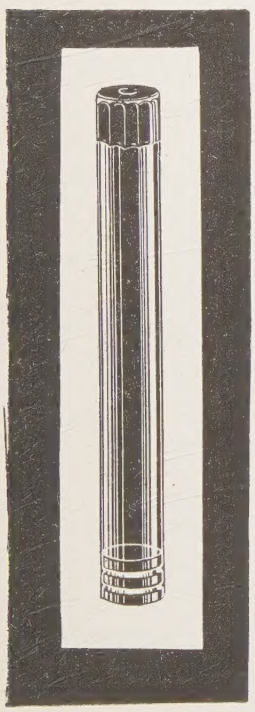
Does your policy cover Infections including Hydrophobia, and if it excludes Internal injuries and does not specifically enumerate—Sunstroke, Freezing by involuntary exposure, Involuntary Asphyxiation, Ptomaine or other accidental poisoning, you have no coverage on these types of accidents.

Let us apply the same type of analysis to a Health Policy. Regardless as to how well written such a policy may be, we might just as well assume from the beginning, that when the day comes in which we suffer a serious illness we are "all through" as an acceptable risk by the insurance companies. They will either cancel, refuse to re-insure, or place an endorsement on our policy exempting this type of illness in the future providing it is of a recurring nature.

When the policy holder can find out in advance that the company will refuse to re-insure, it is best to drop the insurance, as such a refusal is entered in a national register, and always operates against the individual in the future.

Perhaps you have a Non-Cancellable policy for which you were willing to pay a higher rate, and think you are "set" for life. Now here is the trick for the cancellation of such policies: "The Company stops sending a premium notice." Year after year they keep this up until finally some day a slip of memory occurs, and the premium goes past the last due date. You have then dropped your policy and they will not again re-insure. There is nothing in any insurance policy that compels the company to send a notice of a premium coming due. The burden is upon your memory, but while they are interested in you as an average risk, you are the recipient of much attention to keep the policy in good standing.

Insurance rates have greatly increased the last year, I presume too many people expect to get all their premiums back through indemnities. If this prevailed to any great extent

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no company could long exist. The fact that so many people are willing to pay for something they do not get, probably helps to keep the rates from going still higher. While I have the most emphatic condemnation for the insurance racketeer, who misleads his client and sells him a policy that does not give the coverage the purchaser expects, I still maintain that a good share of the burden of proper understanding belongs to the policy holder, who should be interested enough to study the careful wording of the policy. This would greatly lessen the complaints against insurance companies, but possibly also produce wholesale cancellations of many policies.

To assist on the analysis of an Accident Policy, I submit a set of questions taken from a book called the "Time Saver" and quote with the courteous permission of the publisher "The National Underwriter Co., Cincinnati, Ohio.

1. Does the Insuring Clause specify loss resulting from (a) "Accidental bodily injuries, fatal or non-fatal," or (b) "Bodily injuries effected through accidental means," or (c) "Bodily injuries effected through external, violent and accidental means"?

2. What are the losses for which Company will pay the full Principal Sum, and what fractional parts of said sum are allowed for loss of one member, or sight of one eye, or loss of thumb and index finger or any other specific loss?

3. What is the time limit within which death or dismemberment must occur in order to receive Principal Sum amounts specified? Must disability be total and continuous from date of accident to qualify a Principal Sum claim occuring after date of accident?

4. Will Weekly Indemnity be paid in addition to Principal Sum amounts specified, from date of accident to date of loss? (a) Whether disability be total or partial or (b) in case of total disability only, or (c) in neither case?

5. May beneficiary receive death indemnity in installments?

6. Within what period after date of accident must Total Disability develop to qualify claim for Total Disability, Weekly or Monthly ndemnity?

7. Does policy provide Partial Disability indemnity for total loss of time if latter occurs after minimum period following the accident set for development of total disability?

8. Does Total Disability definition require inability to perform duties of "his" or "any" occupation or for both at different periods after date of accident?

9. What is duration of Weekly Indemnity allowed for both total disability and partial disability, and the amount of partial?

10. What are the exact specifications of tthe Double Benefit clause? What indemnities are doubled?

11. Are elective indemnities paid in place of Weekly or Monthly Indemnity, all other indemnities or are there exceptions?

12. What amount is paid for physician's treatment of non-disabling injuries?

13. Is Surgical Operation indemnity provided?

14. What per cent does Indemnity increase while insured is confined in a hospital and for how long a time? May private hospital, or sanitarium be used? May both Nurse's Fees and Hospital Indemnity be paid?

15. Will Nurse's fees be paid and for how long? May policy holder collect for both Hospital Indemnity and Nurse's Fees?

16. What are exact terms of Air Travel Indemnity provision?

17. Are blood poisoning, sunstroke, and other causes of disability specially defined as covered by policy?

18. What are complete details and rates on medical reimbursement contracts and riders?

19. What are the Limitations of the contract?

## AMENDMENTS TO THE CONSTITUTION AND BY-LAWS WHICH WERE ADOPTED UNANIMOUSLY AT OCALA, OCT. 28, 1933

Under Article 3, Section 1, add Relief Committee, and under Article 3, and following Section 18, add Section 19.

"The Relief Committee shall be a standing committee composed of three members of this Society, selected by the Executive Council at the annual meeting in October, 1933. Vaacncies upon said committee shall be filled by the Executive Council. Said Relief Committee shall organize by selecting one of its members as chairman and one as secretary, and shall have the authority to make its rules for the conduct of its business. The secretary shall keep a continuous and permanent record of the proceedings of the committee and make a report to the Executive Council in writing.

"The Committee shall receive applications in writing from persons soliciting relief for themselves or for others. They shall investigate and require such proofs as they deem proper. If after due deliberation, the Relief Committee finds the applicant entitled to relief, they shall proceed under the regulations adopted for the control of the Relief Fund."

Under Article 2, add Section 10 as follows:

"In the event that any committee chairman, committeeman or officer of this Society shall wilfully neglect or fail in the proper performance of his duties; or shall conduct himself in his official capacity, or in his private capacity, in a manner detrimental to the best interests of this Society, it shall be the duty of the Executive Council, through its officers, to take cognizance of such neglect or conduct. An inquiry shall be conducted by the Executive Council, through its offiers or by a committee composed of one or more of its members and appointed by the President for this specific purpose; if information resulting from this inquiry shall warrant, the Executive Council shall hold a hearing, before the date of which a copy of the complaint shall have been mailed to the individual complained against together with a request that he appear at the hearing to defend himself. When the hearing shall have been completed, the Executive Council shall go into Executive session to consider the evidence, both pro and con as presented. In the event that the charges are not sustained by a majority vote of the members present, they shall be dismissed and the accused absolved of all blame in connection therewith; in the event that the charges are sustained by a majority vote of the Council, the Council shall be and is hereby empowered to request the immediate resignation of the accused. The failure of the accused to appear at the hearing shall be prima facia evidence of his guilt.

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DR. R. R. BYRNES, Dean

The refusal of the accused to resign after the procedure before outlined shall have been carried out, shall result in a report being made to this Society at a regular or called meeting of the Society by the Secretary or President of the Executive Council. Following this report this Society shall vote on the question of upholding the action of the Executive Council. A two-thirds affirmative vote of those present and voting shall uphold the Council in its action and automatically expel the accused from his office or offices. A member so expelled shall not be eligible for appointment or election to any office in this Society for a period of three years from the date of such action."

Under Article 7, add Section 8 as follows:

"Initially licensed dental graduates shall be the guests of the Society at the first annual meeting immediately following their graduation.

"For the next calendar year succeeding the year of graduation, this Society and Component Societies shall waive its dues but shall collect $4.00 for the American Dental Association."

### Georgia Dentists on a Cash Basis

In retaliation for those who had been in the custom of receiving service and not paying their bills, dentists, physicians and pharmacists in various parts of Georgia are now conducting their "business" on a cash basis. Paid advertisements in the daily press announced the foregoing news with the addition that "all worthy charity cases will receive the same free attention as in the past."—The New York Journal of Dentistry.

### ORGANIZED GOLD THIEVERY

Wholesale looting of dental offices and supply houses in Greater Boston of thousands of dollars' worth of gold and platinum by an organized gang has brought forth from the office of Attorney-General Joseph E. Warner of Massachusetts a statement that concerted action will be taken at once to attempt to halt this new form of crime wave.

During the last few months, dental offices and supply houses have been subjected to a systematic plundering, and in some cases, dentists have found themselves robbed of their entire supply of precious metals. Alarmed at the extent of this menace, the organized dental profession has undertaken to broadcast a formal warning to dentists everywhere. Dr. Frank H. Dean, president of the Massachusetts Dental Society, through the chairman of his publicity committee, Fred G. Rollins, '20, is urging dentists to take precautions to safeguard their gold.

Through the journals and publications of the numerous dental societies and organizations, dentists are warned to keep only small stocks of gold on hand in their offices, to store gold and precious metals in safes, to change the locks on their doors, and to build special places of storage and concealment for their supply of precious metals.—Nov. 1933 Harvard Dental Record.

Editors Note: Every winter Florida is visited by "gold tourists" who take $3,000 to $5,000 worth of precious metals from Florida dentists. Better be careful of your supply.

Plan now to go to Pensacola

# WHY ORGANIZED DENTISTRY ?

Many times those at the head of Dental Organizations are questioned as to the value of membership in Dental Societies. During times of stress, many individuals offer as an excuse for nonpayment of dues that Dental Organizations offer nothing in return for dues paid. Most of them are sincere in their statements, but they failed to take the time to analyze the numerous benefits we enjoy as a direct result of Organized Dentistry. Dentistry has been lifted from a mechanical trade to a recognized respected profession by the far sightedness of those pioneers responsible for the beginning of Dental Societies. Without the advancements made possible through organized efforts, we would still be floundering about in the dark, fifty years or more behind the times.

Organized Dentistry has exercised a helpful influence on the standards and ideals of our dental schools. It made possible our local, district, state, national, and international meetings, as well as study clubs for special study and research. The A. D. A. Journal brings us two thousand pages of printed educational material yearly. It is the mouth piece of Organized Dentistry in this country. The State Journal gives us news of local interest. Discussion of paper and personal contacts at our meeting offer an avenue for the exchange of thought so essential to the continued progress of our profession.

Organized Dentistry offers us an opportunity to improve our services to humanity through the advanced knowledge gained by membership in its dental societies.

You insure your valuable possessions by taking out fire, burglary, or other insurance. A membership in the Florida Dental Association insures your most valued asset, YOUR LIVELIHOOD. It is never too late to do good, so if you are not a member, we invite you. Send your name and check for dues to your district secretary.

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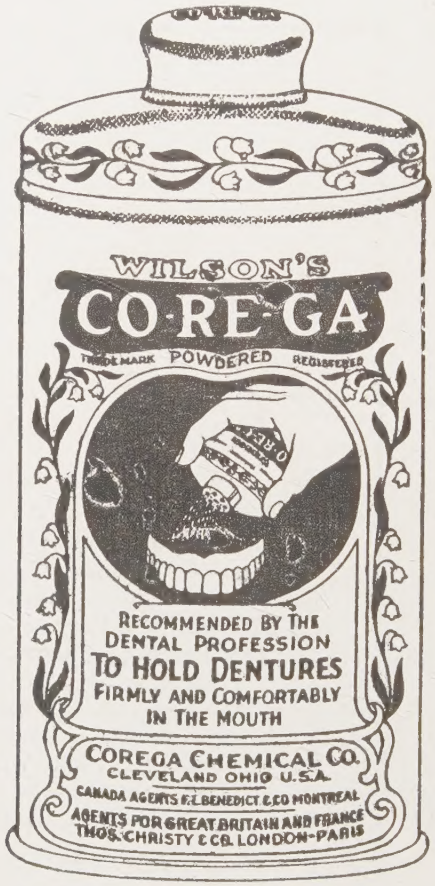


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